

CITY OF GAHANNA PARKS & RECREATION DEPARTMENT
200 S. HAMILTON ROAD, GAHANNA, OHIO 43230
(614) 471-4743, FAX: (614) 337-4381

FACILITY RESERVATION PERMIT

(COMPLETE THIS APPLICATION AND RETURN IT TO THE PARKS & RECREATION DEPARTMENT)

NAME OF PARK: _____ FACILITY RESERVED: _____
APPLICANT'S NAME: _____ ACTIVITY: _____
APPLICANT'S ADDRESS: _____ DATE RESERVED: _____
CITY, STATE, ZIP: _____ HOURS RESERVED: _____ TO _____
APPLICANT'S TELEPHONE NUMBERS: _____ PERSON IN CHARGE: _____
_____ (HOME) _____ (WORK) CONTACT # _____
CONCESSION SALES: _____ YES _____ NO ESTIMATED ATTENDANCE: _____

FEE SCHEDULE* (EFFECTIVE: 1/1/02)

FRIENDSHIP PARK SHELTER:	\$30/DAY-RESIDENTS	\$50/DAY-NON RESIDENTS
FRIENDSHIP PARK GAZEBO:	\$10/DAY-RESIDENTS	\$20/DAY-NON RESIDENTS
PIZZURRO PARK SHELTER:	\$30/DAY-RESIDENTS	\$50/DAY-NON RESIDENTS
WOODSIDE GREEN PARK SHELTER:	\$30/DAY-RESIDENTS	\$50/DAY-NON RESIDENTS
ATHLETIC FACILITY/FIELD:	\$50/DAY/FIELD, COURT, DIAMOND, ETC.	

***CONSUMPTION OF BEER AND/OR ALCOHOLIC BEVERAGES IS PROHIBITED IN ALL CITY OF GAHANNA PARKS.**

COMMENTS: _____

*RESERVATION FEES WILL BE WAIVED IF THE RESERVING NON-PROFIT ORGANIZATION RECEIVES APPROVAL OF NON-PAYING STATUS FROM THE PARKS AND RECREATION DIRECTOR.

REFUNDS/CANCELLATIONS: EVENTS CANCELED DUE TO INCLEMENT WEATHER MAY BE RESCHEDULED AT THE PARKS AND RECREATION OFFICE FOR NO ADDITIONAL FEE AND SUBJECT TO AVAILABILITY. FEES WILL NOT BE REFUNDED IF EVENT IS CANCELED LESS THAN TWO (2) WEEKS PRIOR TO THE SCHEDULED RESERVATION. FEES WILL NOT BE REFUNDED IF EVENT IS CANCELED DUE TO INCLEMENT WEATHER AND CANNOT BE RESCHEDULED.

THE PARKS AND RECREATION DEPARTMENT RESERVES THE RIGHT TO DENY USE OF CITY PARKS AND FACILITIES TO THE GROUPS WHO FAIL TO COMPLY WITH THE RULES AND REGULATIONS SET FORTH BY THE DEPARTMENT AND THE CITY OF GAHANNA. IT IS UNDERSTOOD THAT THE GROUP/ORGANIZATION USING THE ABOVE PARK/FACILITY WILL COMPLY WITH THE LAWS OF THE STATE OF OHIO, THE CITY OF GAHANNA, AND ALL RULES AND REGULATIONS SET FORTH BY THE GAHANNA PARKS AND RECREATION DEPARTMENT; AND

1. WILL BE RESPONSIBLE FOR ALL PERSONS IN THE GROUP USING PARK FACILITIES.
2. ASSUMES LIABILITY FOR ANY DAMAGE DONE TO THE PARK AND FACILITIES.
3. WILL MAKE CERTAIN ALL COOKING FIRES WILL BE PROPERLY EXTINGUISHED.
4. WILL NOT USE WOOD IN THE CHARCOAL GRILLS.
5. WILL PARK **ONLY** IN DESIGNATED AREAS.
6. WILL OBSERVE ALL POSTED RULES BY SHELTERS, ATHLETIC FIELDS, ETC.
7. WILL OBSERVE THE RULES AND REGULATIONS ESTABLISHED FOR THE CONDUCT OF THE PARKS OF THE CITY OF GAHANNA BY THE PARKS AND RECREATION COMMISSION.
8. WILL ENTER A FACILITY ON THE RESERVED DAY NO SOONER THAN 9:00AM AND LEAVE THE PREMISES NO LATER THAN DARK.
9. WILL PUT LITTER ASSOCIATED WITH YOUR EVENT IN CONTAINERS PROVIDED.
10. ANY GROUPS THAT ABUSE A FACILITY OR VIOLATE RULES AND REGULATIONS WILL NOT BE ISSUED ANY FUTURE PERMITS, AND CHARGES FOR DAMAGE WILL BE ASSESSED.

(CONTINUED ON OTHER SIDE. . .)

IS THE GROUP A NON-PROFIT ORGANIZATION?: YES NO
(IF YES, ATTACH COPY OF EXEMPTION CERTIFICATE)

RECEIVED \$ _____ DATE: _____

CASH: _____ CHECK _____ (# _____) FEE WAIVED _____ DATE: _____

VISA OR MASTERCARD #: _____ EXP. DATE: _____
(CIRCLE ONE)

NAME AS IT APPEARS ON CARD: _____

THE ABOVE CONDITIONS HAVE BEEN READ. I UNDERSTAND THAT ANY VARIANCES FROM THESE CONDITIONS WILL BE THE RESPONSIBILITY OF THE USER AS DESIGNATED BELOW.

SIGNATURE OF APPLICANT: **X** _____ DATE _____

ADDRESS: _____

TELEPHONE NUMBERS: HOME _____ WORK _____

SIGNATURE OF DIRECTOR: _____ DATE: _____
RALEIGH MITCHELL, DIRECTOR

PERSON TAKING PAYMENT

GAHANNA PARKS AND RECREATION
200 S. HAMILTON ROAD, GAHANNA, OH 43230
(614) 471-4743 Fax: (614) 337-4381

APPLICATION FOR COMPLIMENTARY [CLUBHOUSE / SHELTER HOUSE] USE STATUS

All non-profit organizations interested in receiving a fee exemption status for use of the Gahanna Golf Course Clubhouse or Park Shelter Houses must complete this form. Please print clearly! If the Parks and Recreation Director grants you non-paying status, you will be limited to 12 uses per year. After this, you will be charged the regular rental rates as applicable. **All groups will be charged a \$100.00 Cleaning/Damage/Key Deposit for use of the Clubhouse, regardless of whether or not they are granted this status.** Please make Deposit check payable to the City of Gahanna.

(COMPLETE AND RETURN THIS FORM ALONG WITH THE CLUBHOUSE RENTAL AGREEMENT APPLICATION FORM OR THE FACILITY RESERVATION PERMIT FORM.)

Application Date: _____ Date(s) of Facility Use: _____

Facility Requested: _____

Name of Organization: _____

Person in Charge: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Organization Tax ID Number: _____

What is the nature of your organization? _____

What will your organization be using the [Clubhouse / Shelter House] for? _____

In what way does your organization serve the City of Gahanna or the Parks and Recreation Department?

Please return this application to the Parks and Recreation Office. If you have any questions, please call the Parks and Recreation Department at (614) 471-4743.

DO NOT WRITE BELOW THIS LINE

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Reason for Disapproval: _____

Dates of Use:

